



ISBA Lawyers Office Insurance Program



General Information

Entity Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Contact: _____
 FEIN # _____ Effective Date: _____ Need By: _____

Has your insurance been cancelled in last 3 years by an insurance company? Yes No

Have you had any losses in past 3 years? Yes No If yes, please explain:

Year Business was established: _____ If new, years of Industry experience: _____

Current Insurance Company: _____ Current Premium: \$ _____

Property (See next page if additional locations)

Location Address: _____

Replacement Cost of Bldg (if you own and/or insure)	Replacement Cost of Contents	Sq Ft Occupied	Building Construction	Year Built	Sprinklered	Year Updates Done
			<input type="checkbox"/> Frame <input type="checkbox"/> Jointed Masonry <input type="checkbox"/> Non Combustible		<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____ Wiring: _____ Plumbing: _____ HVAC: _____

Property Deductible: \$250 \$500 \$1000 \$2500

General Liability

\$1,000,000 occurrence/\$2,000,000 aggregate

\$2,000,000 occurrence/\$4,000,000 aggregate

Med Pay: \$500 \$1,000 \$5,000

Annual Revenue: \$ _____ Include Employee Benefits Liability? Yes No

Workers Compensation

Class Code	Description	Annual Payroll
8820	Attorney Office – All Employees including Attorney, Clerical, Paralegal	

Crime

Number of Employees: _____

Employee Dishonesty: Yes No If yes, limit of Insurance: \$25,000 \$50,000 \$100,000

ERISA Coverage: Yes No If yes, coverage limit: \$ _____ (10% of plan assets)

Legal Name of Plan: _____

(next page)

Auto

Do you have any autos licensed in the name of the insured firm: Yes No If yes, please list:

Year	Make	Model	Vin#	Cost New

Driver Name	Drivers License #	State	Date of Birth

Coverage Limits:

- \$500,000/500,000 Under/Uninsured, \$1,000,000 Liability
 \$1,000,000/\$1,000,000 Under/Uninsured, \$2,000,000 Liability
 Other \$_____/\$/_____ Under/Uninsured, \$_____ Liability

Deductibles:

- \$250 Comprehensive \$500 Collision \$500 Comprehensive \$1,000 Collision Other _____ Comprehensive _____ Collision

Do you wish to carry hired and non-owned coverage: Yes No

Employment Practices Liability

- \$25,000 limit with a \$250 deductible \$50,000 limit with a \$500 deductible
 \$100,000 limit with a \$1000 deductible

Umbrella

- \$1,000,000 \$2,000,000 \$3,000,000 \$5,000,000 Other: _____

Additional Property Locations (if needed):

Location Address: _____

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